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CONFIRMATION NO. 3470

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/400,492	<b>FILING OR 371(c) DATE</b> 09/21/1999 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> WYBI-0010
<b>APPLICANTS</b> KENNETH RHODES, NESHANIC STATION, NJ; WENQIAN AN, FRAMINGHAM, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/350,874 07/09/1999 ABN which is a CIP of 09/298,731 04/23/1999 PAT 6,369,197 which is a CIP of 09/350,614 07/09/1999 PAT 6,689,581 which claims benefit of 60/110,033 11/25/1998 and claims benefit of 60/109,333 11/20/1998 and claims benefit of 60/110,277 11/30/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/12/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 46	<b>TOTAL CLAIMS</b> 64
				<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 23377				
<b>TITLE</b> METHODS FOR TREATING CARDIOVASCULAR DISORDERS				
<b>FILING FEE RECEIVED</b> 2410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	